FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:18

DOCUMENT # **L50548** **(1)**

1. Corporation Name
BATES & DALY CO.

Principal Place of Business	Mailing Address
%EDWIN BRAND 5061 SW 36 ST FT LAUDERDALE FL 33314 US	5061 SW 36TH ST. FT. LAUDREDALE FL 33314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/16/1990**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0192456** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAND, EDWIN F
% BATES & ~~DOTHY ESQ~~ DALy Co.
5061 S.W. 36TH ST.
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Edwin F Brand Pres. EDWIN F BRAND PRES. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPCT	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BRAND, EDWIN	1.2 NAME	MARCELLE M. BRAND	
STREET ADDRESS	3896 TRACEWOOD LANE	1.3 STREET ADDRESS	3896 TRACEWOOD LN	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ROBERT H., SR.	2.2 NAME		
STREET ADDRESS	7901 NW 174TH TER	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	KINIRY, RUSSELL W.	3.2 NAME		
STREET ADDRESS	5531 SW 58 CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	CHERVENAK, JOHN M	4.2 NAME		
STREET ADDRESS	8212 NW 91ST AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	CLARK-RASSIAS, CECILY	5.2 NAME		
STREET ADDRESS	7700 CEDARWOOD CIR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	VPD	6.1 TITLE		☐ Change ☐ Addition
NAME	RASSIAS, JOHN N.	6.2 NAME		
STREET ADDRESS	7700 CEDARWOOD CIR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edwin F Brand Pres. 1/10/95 305-591-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023600 CP